

109TH CONGRESS
2D SESSION

S. _____

To reauthorize the HIV Health Care Services Program under title 26 of
the Public Health Service Act.

IN THE SENATE OF THE UNITED STATES

Mr. COBURN introduced the following bill; which was read twice and referred
to the Committee on _____

A BILL

To reauthorize the HIV Health Care Services Program under
title 26 of the Public Health Service Act.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ryan White CARE
5 Act Amendments of 2006”.

6 **SEC. 2. REAUTHORIZATION OF APPROPRIATIONS.**

7 Title XXVI of the Public Health Service Act (42
8 U.S.C. 300ff–11 et seq.) is amended—

9 (1) in section 2677—

1 (A) in subsection (a), by striking “2001
2 through 2005” and inserting “2006 through
3 2010”; and

4 (B) in subsection (b), by striking “2001
5 through 2005” and inserting “2006 through
6 2010”;

7 (2) in section 2625(c)(2)(A), by striking “2001
8 through 2005” and inserting “2006 through 2010”;

9 (3) in section 2631(d), by striking “2005” and
10 inserting “2010”;

11 (4) in section 2655, by striking “2001 through
12 2005” and inserting “2006 through 2010”;

13 (5) in section 2671(l), as redesignated by sec-
14 tion 4(d)(1) of this Act, by striking “for each of”
15 and all that follows through the period and inserting
16 “for each of the fiscal years 2006 through 2010.”;
17 and

18 (6) in section 2692(c)—

19 (A) in paragraph (1), by striking “2001
20 through 2005” and inserting “2006 through
21 2010”; and

22 (B) in paragraph (2)—

23 (i) in subparagraph (A), by striking
24 “2001 through 2005” and inserting “2006
25 through 2010”; and

1 (ii) in subparagraph (B), by striking
2 “2001 through 2005” and inserting “2006
3 through 2010”.

4 **SEC. 3. DEFINITIONS.**

5 Section 2676 of the Public Health Service Act (42
6 U.S.C. 300ff–76) is amended—

7 (1) by redesignating paragraphs (11) and (12),
8 as paragraphs (12) and (15), respectively;

9 (2) by inserting after paragraph (10) the fol-
10 lowing:

11 “(11) PARTNER NOTIFICATION.—The term
12 ‘partner notification’ means the process by which—

13 “(A) an HIV-positive individual provides
14 the names of such individual’s sex and needle-
15 sharing partners to health care providers or
16 other health workers, who then confidentially
17 notify the partners directly of the partners’ ex-
18 posure to HIV; and

19 “(B) current and past partners of an HIV-
20 positive individual (index person) are confiden-
21 tially notified of the partners’ exposure to HIV,
22 counseled about the partners’ exposure, and of-
23 fered services, including testing, referrals for
24 treatment, and notification of the partners’ sex
25 and needle-sharing partners.”; and

1 (3) by inserting after paragraph (12) (as redes-
2 ignated by paragraph (1)) the following:

3 “(13) PRIMARY MEDICAL CARE.—The term
4 ‘primary medical care’ means medical care that con-
5 sists of medication, prescription drugs, diagnostic
6 tests, visits with physicians and medically
7 credentialed health care providers, treatment for oral
8 health, treatment for psychiatric conditions, and
9 treatment for other health care conditions directly
10 related to HIV/AIDS infection, as well as the cost
11 of health insurance premiums, co-payments, and
12 deductibles. Such term does not include case man-
13 agement for non-medical services or short-term tran-
14 sitional housing.

15 “(14) ROUTINE TESTING.—The term ‘routine
16 testing’ means HIV testing—

17 “(A) that is administered automatically to
18 those accessing health care services for any rea-
19 son; and

20 “(B) in which—

21 “(i) pre-test counseling is not required
22 but the subject is notified that the subject
23 will receive an HIV test and the subject
24 may opt out of such testing; and

1 “(ii) for those individuals with a posi-
2 tive test result, post-test counseling, in-
3 cluding referrals to care, is provided and
4 confidentiality is protected.”.

5 **SEC. 4. FUNDING FOR PRIMARY MEDICAL CARE.**

6 (a) PART A.—Section 2604 of the Public Health
7 Service Act (42 U.S.C. 300ff–14) is amended by adding
8 at the end the following:

9 “(h) REQUIRED FUNDING FOR PRIMARY MEDICAL
10 CARE.—Notwithstanding any other provision of law, a
11 grantee under this part shall expend not less than 75 per-
12 cent of the funds received under the grant on primary
13 medical care.”.

14 (b) PART B.—Section 2612 of the Public Health
15 Service Act (42 U.S.C. 300ff–22) is amended by adding
16 at the end the following:

17 “(e) REQUIRED FUNDING FOR PRIMARY MEDICAL
18 CARE.—Notwithstanding any other provision of law, a
19 grantee under this part shall expend not less than 75 per-
20 cent of the funds received under the grant on primary
21 medical care.”.

22 (c) PART C.—Subpart II of part C of title XXVI of
23 the Public Health Service Act (42 U.S.C. 300ff–61 et
24 seq.) is amended by adding at the end the following:

1 **“SEC. 2668. REQUIRED FUNDING FOR PRIMARY MEDICAL**
2 **CARE.**

3 “Notwithstanding any other provision of law, a grant-
4 ee under this part shall expend not less than 75 percent
5 of the funds received under the grant on primary medical
6 care. Grant funds expended for the services described in
7 subparagraphs (B) through (E) of section 2651(b)(2)
8 shall count as expenditures on primary medical care.”.

9 (d) GRANTS FOR COORDINATED SERVICES AND AC-
10 CESS TO RESEARCH FOR WOMEN, INFANTS, CHILDREN,
11 AND YOUTH.—Section 2671 of the Public Health Service
12 Act (42 U.S.C. 300ff–71) is amended—

13 (1) by redesignating subsection (k) as sub-
14 section (l); and

15 (2) by inserting after subsection (j) the fol-
16 lowing:

17 “(k) REQUIRED FUNDING FOR PRIMARY MEDICAL
18 CARE.—Notwithstanding any other provision of law, a
19 grantee under this section shall expend not less than 75
20 percent of the funds received under the grant on primary
21 medical care.”.

22 **SEC. 5. SUPPLEMENTAL TREATMENT DRUG GRANTS SAFE-**
23 **TY NET.**

24 (a) IN GENERAL.—Section 2618(a)(2)(I)(ii) of the
25 Public Health Service Act (42 U.S.C. 300ff–

1 28(a)(2)(I)(ii)) is amended by striking subclauses (V) and
2 (VI) and inserting the following:

3 “(V) FUNDING.—

4 “(aa) AUTHORIZATION OF
5 APPROPRIATIONS.—There is au-
6 thorized to be appropriated to
7 carry out this clause for a fiscal
8 year an amount that is not more
9 than 8 percent of the amount ap-
10 propriated to carry out section
11 2616 for such fiscal year.

12 “(bb) TRANSFER OF FUNDS
13 WHEN APPROPRIATIONS ARE IN-
14 SUFFICIENT.—

15 “(AA) IN GENERAL.—
16 For any fiscal year for
17 which the amount appro-
18 priated to carry out this
19 clause and the amount redis-
20 tributed to carry out this
21 clause pursuant to section
22 2679 total less than 5 per-
23 cent of the amount appro-
24 priated to carry out section
25 2616 for such fiscal year,

1 the Secretary shall transfer
2 from funds appropriated to
3 carry out this part (except
4 this section) and parts A, C,
5 D, E, and F, for the fiscal
6 year and in accordance with
7 subitem (BB), such amounts
8 as are necessary to make the
9 lesser of \$35,000,000 or 5
10 percent of the amount ap-
11 propriated to carry out sec-
12 tion 2616 for such fiscal
13 year, available to carry out
14 this clause for such fiscal
15 year.

16 “(BB) FORMULA FOR
17 THE TRANSFER OF
18 FUNDS.—In carrying out
19 subitem (AA) for a fiscal
20 year, the Secretary shall
21 transfer from each part
22 under this title an amount,
23 from the amount of funds
24 appropriated for such part
25 for the fiscal year, that

1 bears the same relation to
2 the total amount required to
3 be transferred under
4 subitem (AA) for the fiscal
5 year, as the amount of funds
6 appropriated to carry out
7 such part for the fiscal year
8 bears to the total amount of
9 funds appropriated to carry
10 out this title for such fiscal
11 year.

12 “(CC) ADDITIONAL
13 AMOUNTS FROM HRSA.—In
14 addition to transferring
15 funds under subitem (AA),
16 the Secretary may transfer,
17 for any fiscal year for which
18 the amount appropriated to
19 carry out this clause is less
20 than \$35,000,000, not more
21 than \$5,000,000 from ad-
22 ministrative funds of the
23 Health Resources and Serv-
24 ices Administration of the
25 Department of Health and

1 Human Services to carry out
2 this clause.”.

3 (b) RETURN OF UNOBLIGATED FUNDS.—

4 (1) IN GENERAL.—Part D of title XXVI of the
5 Public Health Service Act (42 U.S.C. 300ff–71 et
6 seq.) is amended by adding at the end the following:

7 **“SEC. 2679. UNOBLIGATED FUNDS USED FOR SUPPLE-**
8 **MENTAL TREATMENT DRUG GRANTS.**

9 “Notwithstanding any other provision of this title,
10 any funds received under this title during a fiscal year
11 that remain unobligated at the end of the second fiscal
12 year succeeding the fiscal year during which the funds
13 were received shall be returned to the Administrator of
14 the Health Resources and Services Administration who
15 shall redistribute such funds to carry out section
16 2618(a)(2)(C)(ii).”.

17 (2) CONFORMING AMENDMENTS.—Section 2618
18 of the Public Health Service Act (42 U.S.C. 300ff–
19 28) is amended—

20 (A) in subsection (a)(2)(I)(ii)(I) by strik-
21 ing “subclause (V)” and inserting “subclause
22 (V) and section 2679”; and

23 (B) by striking subsection (d).

1 **SEC. 6. ENSURING EQUITABLE PER CASE FUNDING.**

2 (a) DISTRIBUTION OF FUNDS.—Section 2618(a) of
3 the Public Health Service Act (42 U.S.C. 300ff–28(a)) is
4 amended—

5 (1) in paragraph (1)(A)—

6 (A) in clause (i)—

7 (i) in subclause (I), by striking “cases
8 of acquired immune deficiency syndrome,
9 as determined under paragraph (2)(D)”
10 and inserting “cases of HIV disease (re-
11 ported to and confirmed as accurate by the
12 Director of the Centers for Disease Control
13 and Prevention)”; and

14 (ii) in subclause (II)—

15 (I) by striking “cases of acquired
16 immune deficiency syndrome, as de-
17 termined under paragraph (2)(D)”
18 and inserting “cases of HIV disease
19 (reported to and confirmed as accu-
20 rate by the Director of the Centers for
21 Disease Control and Prevention)”;
22 and

23 (II) by inserting “and” after the
24 semicolon; and

25 (B) in clause (ii), by striking “paragraph
26 (2)(H)” and inserting “paragraph (2)(B)”; and

1 (2) in paragraph (2)—

2 (A) by striking subparagraphs (A) through
3 (G) and inserting the following:

4 “(A) FORMULA.—

5 “(i) IN GENERAL.—The amount re-
6 ferred to in paragraph (1)(A)(ii) for a
7 State and paragraph (1)(B) for a territory
8 of the United States shall be determined—

9 “(I) for fiscal year 2007, accord-
10 ing to the formula under this para-
11 graph as in effect on the day before
12 the date of enactment of the Ryan
13 White CARE Act Amendments of
14 2006; and

15 “(II) for fiscal year 2008 and
16 each succeeding fiscal year, according
17 to the formula described in clause (ii).

18 “(ii) AMOUNT BASED ON CASES NOT
19 COUNTED UNDER PART A.—A State or ter-
20 ritory of the United States shall receive an
21 amount under this part for a fiscal year
22 that bears the same relation to the amount
23 appropriated under section 2677(b) for
24 grants under this part for the fiscal year
25 as the number of cases determined under

1 clause (iii) for the State or territory for
2 such fiscal year bears to the total number
3 of cases determined under clause (iii) for
4 all States and territories for such fiscal
5 year.

6 “(iii) NUMBER OF CASES.—

7 “(I) REPORTING SYSTEM IN EF-
8 FECT PRIOR TO OCTOBER 2000.—In
9 the case of a State or territory that
10 has enacted an HIV reporting system
11 that has been confirmed as accurate
12 and reliable by the Director of the
13 Centers for Disease Control and Pre-
14 vention prior to October 1, 2000, the
15 number of cases under this clause for
16 such State or territory for a fiscal
17 year shall be equal to the total num-
18 ber of reported cases of HIV disease
19 (reported to and confirmed as accu-
20 rate by the Director of the Centers for
21 Disease Control and Prevention) liv-
22 ing in the State or territory during
23 such year, minus the number of re-
24 ported cases of HIV disease (reported
25 to and confirmed as accurate by the

1 Director of the Centers for Disease
2 Control and Prevention) living in such
3 State or territory that are within an
4 eligible area (as determined under
5 part A).

6 “(II) REPORTING SYSTEM IN EF-
7 FECT PRIOR TO OCTOBER 2006 BUT
8 AFTER OCTOBER 2000.—In the case of
9 a State or territory that has enacted
10 an HIV reporting system that has
11 been confirmed as accurate and reli-
12 able by the Director of the Centers for
13 Disease Control and Prevention prior
14 to October 1, 2006, but on or after
15 October 1, 2000, the number of cases
16 under this clause for such State or
17 territory for a fiscal year shall be
18 equal to the total number of cases of
19 HIV disease (estimated by the Direc-
20 tor of the Centers for Disease Control
21 and Prevention) living in the State or
22 territory during such year, minus the
23 number of cases of HIV disease (esti-
24 mated by the Director of the Centers
25 for Disease Control and Prevention)

1 living in such State or territory that
2 are within an eligible area (as deter-
3 mined under part A).

4 “(III) REPORTING SYSTEM NOT
5 IN EFFECT BY OCTOBER 2006.—In the
6 case of a State or territory that has
7 not enacted an HIV reporting system
8 that has been confirmed as accurate
9 and reliable by the Director of the
10 Centers for Disease Control and Pre-
11 vention prior to October 1, 2006, the
12 number of cases under this clause for
13 such State or territory for a fiscal
14 year shall be equal to—

15 “(aa) until such time as
16 such State or territory has en-
17 acted an HIV reporting system
18 that has been confirmed as accu-
19 rate and reliable by the Director
20 of the Centers for Disease Con-
21 trol and Prevention, the total
22 number of reported cases of ac-
23 quired immune deficiency syn-
24 drome (reported to and con-
25 firmed as accurate by the Direc-

1 tor of the Centers for Disease
2 Control and Prevention) living in
3 the State or territory during such
4 year, minus the number of re-
5 ported cases of acquired immune
6 deficiency syndrome (reported to
7 and confirmed as accurate by the
8 Director of the Centers for Dis-
9 ease Control and Prevention) liv-
10 ing in such State or territory
11 that are within an eligible area
12 (as determined under part A);
13 and

14 “(bb) once such State or
15 territory has enacted an HIV re-
16 porting system that has been
17 confirmed as accurate and reli-
18 able by the Director of the Cen-
19 ters for Disease Control and Pre-
20 vention, the total number of
21 cases of HIV disease (estimated
22 by the Director of the Centers
23 for Disease Control and Preven-
24 tion) living in the State or terri-
25 tory during such year, minus the

1 number of cases of HIV disease
2 (estimated by the Director of the
3 Centers for Disease Control and
4 Prevention) living in such State
5 or territory that are within an el-
6 igible area (as determined under
7 part A).”;

8 (B) by redesignating subparagraphs (H)
9 and (I) as subparagraphs (B) and (C), respec-
10 tively;

11 (C) in subparagraph (B) (as redesignated
12 by subparagraph (B))—

13 (i) by striking “subparagraph (I)(i)”
14 each place the term appears and inserting
15 “subparagraph (C)(i)”; and

16 (ii) by adding at the end the fol-
17 lowing:

18 “(iii) EFFECTIVE DATE.—This sub-
19 paragraph shall be effective through Sep-
20 tember 30, 2008.”; and

21 (D) in subparagraph (C)(i) (as redesign-
22 ated by subparagraph (B)), by striking sub-
23 clauses (I) and (II) and inserting the following:

24 “(I) 100 percent of such amount;
25 and

1 “(II) the percentage constituted
2 by the ratio of the total number of re-
3 ported cases of HIV disease (reported
4 to an confirmed as accurate by the
5 Director of the Centers for Disease
6 Control and Prevention) living in the
7 State to the total number of reported
8 cases of HIV disease (reported to an
9 confirmed as accurate by the Director
10 of the Centers for Disease Control
11 and Prevention) living in all States.”.

12 (b) CONFORMING AMENDMENTS.—Section 2631(c)
13 of the Public Health Service Act (42 U.S.C. 300ff–38(c))
14 is amended by striking “for use for purposes of section
15 2618(a)(2)(D)(i)” and inserting “as reported to and con-
16 firmed as accurate and reliable by the Director of the Cen-
17 ters for Disease Control and Prevention”.

18 (c) STRIKING OF SUPPLEMENTAL GRANTS IN
19 EMERGING COMMUNITIES.—Title XXVI of the Public
20 Health Service Act (42 U.S.C. 300ff–11 et seq.) is amend-
21 ed by striking section 2620.

22 **SEC. 7. ENSURING FUNDING CORRESPONDS WITH EPIDE-**
23 **MIOLOGICAL TRENDS.**

24 (a) ESTABLISHMENT OF PROGRAMS OF GRANTS.—

1 (1) IN GENERAL.—Section 2601 of the Public
2 Health Service Act (42 U.S.C. 300ff–11) is amend-
3 ed—

4 (A) in subsection (a), by striking “for
5 which there” and all that follows through the
6 period and inserting “for which there is a cu-
7 mulative total of more than 2,500 living cases
8 of HIV disease (reported to and confirmed as
9 accurate by the Director of the Centers for Dis-
10 ease Control and Prevention). The Secretary
11 shall make grants in accordance with section
12 2603 to not more than 60 metropolitan areas
13 that are eligible for such grants pursuant to
14 this subsection.”;

15 (B) in subsection (b), by striking “cases of
16 acquired immune deficiency syndrome” and in-
17 serting “living cases of HIV disease”;

18 (C) by striking subsection (c) and inserting
19 the following:

20 “(c) REQUIREMENTS REGARDING POPULATION.—

21 “(1) NUMBER OF INDIVIDUALS.—The Secretary
22 may not make a grant under this section for a met-
23 ropolitan area unless the area has a population of
24 500,000 or more individuals.

1 “(2) GEOGRAPHIC BOUNDARIES.—For purposes
2 of eligibility under this part, the boundaries of each
3 metropolitan area are the boundaries that cor-
4 respond with the Office of Management and Budget
5 definition of metropolitan statistical area for the
6 year that is most recent to the year for which the
7 determination is made.”; and

8 (D) by striking subsection (d) and insert-
9 ing the following:

10 “(d) CONTINUED STATUS AS ELIGIBLE AREA.—

11 “(1) METROPOLITAN AREAS THAT WERE ELIGI-
12 BLE AREAS FOR FISCAL YEAR 1996.—Notwith-
13 standing any other provision of this section, a metro-
14 politan area that was an eligible area under this part
15 for fiscal year 1996 shall be an eligible area under
16 this part until such metropolitan area does not meet
17 the qualifications of an eligible area as described in
18 this section for 2 consecutive years.

19 “(2) METROPOLITAN AREAS TO REMAIN ELIGI-
20 BLE AREAS UNTIL 2 CONSECUTIVE YEARS OF NOT
21 QUALIFYING AS AN ELIGIBLE AREA.—Notwith-
22 standing any other provision of this section except as
23 provided in paragraph (1), a metropolitan area shall
24 be deemed an eligible area under this section until
25 such time as such metropolitan area does not meet

1 the qualifications of an eligible area as described in
2 this section for 2 consecutive years.”.

3 (2) EFFECTIVE DATE.—The amendments made
4 by paragraph (1) shall take effect on October 1,
5 2007.

6 (b) TYPE AND DISTRIBUTION OF GRANTS.—Section
7 2603(a)(4) of the Public Health Service Act (42 U.S.C.
8 300ff–13(a)) is amended—

9 (1) in subparagraph (A), by striking “For
10 each” and inserting “Except as provided in subpara-
11 graph (D), for each”; and

12 (2) by adding at the end the following:

13 “(D) PHASE-OUT OF INCREASES IN
14 GRANTS.—Notwithstanding any other provision
15 of this paragraph—

16 “(i) for fiscal year 2007, in the case
17 of an eligible area in a protection period
18 for such fiscal year, the Secretary shall in-
19 crease the amount of the grant made pur-
20 suant to paragraph (2) for the area to en-
21 sure that the grant is not less than 50 per-
22 cent of the amount of the grant made for
23 the eligible area pursuant to such para-
24 graph for the base year for the protection
25 period;

1 “(ii) for fiscal year 2008, in the case
2 of an eligible area in a protection period
3 for such fiscal year, the Secretary shall in-
4 crease the amount of the grant made pur-
5 suant to paragraph (2) for the area to en-
6 sure that the grant is not less than 25 per-
7 cent of the amount of the grant made for
8 the eligible area pursuant to such para-
9 graph for the base year for the protection
10 period; and

11 “(iii) for fiscal year 2009 and each
12 succeeding fiscal year, in the case of an eli-
13 gible area in a protection period for such
14 fiscal year, the Secretary shall not increase
15 the amount of the grant pursuant to this
16 paragraph.”.

17 **SEC. 8. PROHIBITION ON FUNDING FOR ENTITIES THAT**
18 **PROHIBIT OR IMPOSE BARRIERS ON PART-**
19 **NER NOTIFICATION.**

20 Part D of title XXVI of the Public Health Service
21 Act (42 U.S.C. 300ff–71 et seq.), as amended by section
22 5, is further amended by adding at the end the following:

1 **“SEC. 2679A. PROHIBITION ON FUNDING FOR ENTITIES**
2 **THAT PROHIBIT OR IMPOSE BARRIERS ON**
3 **PARTNER NOTIFICATION.**

4 “Beginning 25 months after the date of enactment
5 of this section, a State or locality that prohibits or imposes
6 significant administrative, statutory, regulatory, or prac-
7 tical barriers to programs of partner notification shall not
8 be eligible to receive funds under this title.”.

9 **SEC. 9. COVERAGE FOR TREATMENT FOR HEPATITIS B AND**
10 **HEPATITIS C CO-INFECTION.**

11 (a) COVERAGE UNDER PARTS A AND B.—Section
12 2604(b)(1) of the Public Health Service Act (42 U.S.C.
13 300ff–14(b)(1)) is amended by adding at the end the fol-
14 lowing:

15 “(E) Treatment for hepatitis B or hepa-
16 titis C for HIV-positive individuals who are co-
17 infected with such hepatitis.”.

18 (b) COVERAGE UNDER PART C.—Section 2651(b)(2)
19 of the Public Health Service Act (42 U.S.C. 300ff–
20 51(b)(2)) is amended—

21 (1) in subparagraph (E), by striking the period
22 at the end and inserting “; and”; and

23 (2) by adding at the end the following:

24 “(F) providing treatment for hepatitis B
25 or hepatitis C for HIV-positive individuals who
26 are co-infected with such hepatitis.”.

1 (c) SPECIAL PROJECTS OF NATIONAL SIGNIFI-
2 CANCE.—Section 2691(d) of the Public Health Service Act
3 (42 U.S.C. 300ff–101(d)) is amended—

4 (1) in paragraph (5), by striking “and” after
5 the semicolon;

6 (2) in paragraph (6), by striking the period at
7 the end and inserting “; and”; and

8 (3) by adding at the end the following:

9 “(7) HIV-positive individuals who are co-in-
10 fected with hepatitis B or hepatitis C.”.

11 (d) HIV/AIDS COMMUNITIES, SCHOOLS, AND CEN-
12 TERS.—Section 2692(a)(1) of the Public Health Service
13 Act (42 U.S.C. 300ff–111(a)(1)) is amended—

14 (1) in subparagraph (C), by striking “and”
15 after the semicolon;

16 (2) in subparagraph (D), by striking the period
17 at the end and inserting “; and”; and

18 (3) by adding at the end the following:

19 “(E) to educate health care providers and
20 service providers regarding identification, treat-
21 ment, and treatment adherence and prevention
22 education for patients co-infected with HIV and
23 hepatitis B or hepatitis C.”.

1 **SEC. 10. PLANNING COUNCILS.**

2 Section 2602(b) of the Public Health Service Act (42
3 U.S.C. 300ff-12(b)) is amended—

4 (1) in paragraph (2)—

5 (A) in subparagraph (L), by striking
6 “and” after the semicolon;

7 (B) in subparagraph (M), by striking the
8 period at the end and inserting a semicolon;
9 and

10 (C) by adding at the end the following:

11 “(N) faith-based organizations; and

12 “(O) individuals who are co-infected with
13 HIV and hepatitis B or hepatitis C.”;

14 (2) in paragraph (5)—

15 (A) in subparagraph (B), by adding at the
16 end the following: “Any conflict of interest of
17 an individual on the planning council shall be
18 reported to the Administrator of the Health Re-
19 sources and Services Administration and shall
20 be available to the public.”; and

21 (B) in subparagraph (C)(i), by striking “,
22 are not officers” and all that follows through
23 “paragraph (4)(A).” and inserting “and reflect
24 the demographics of the population of individ-
25 uals with HIV disease as determined under
26 paragraph (4)(A), and not less than 51 percent

1 of the council shall be individuals who are not
2 officers, employees, or consultants to any entity
3 that receives amounts from such a grant and do
4 not represent any such entity.”; and

5 (3) by adding at the end the following:

6 “(8) FUNDING DECISIONS.—Any funding deci-
7 sion of the planning council shall require approval by
8 the chief elected official and chief executive officer of
9 the eligible area involved.”.

10 **SEC. 11. REDUCTION OF ADMINISTRATIVE COSTS.**

11 (a) PART A.—Section 2604(f)(2) of the Public Health
12 Service Act (42 U.S.C. 300ff–14(f)(2)) is amended—

13 (1) in subparagraph (A), by striking “and”
14 after the semicolon;

15 (2) in subparagraph (B), by striking the period
16 at the end and inserting “; and”; and

17 (3) by adding at the end the following:

18 “(C) costs associated with the activities of
19 the planning council and the planning for the
20 allocation of funds and services under this
21 part.”.

22 (b) PART B.—Section 2618(b) of the Public Health
23 Service Act (42 U.S.C. 300ff–28(b)) is amended—

24 (1) by inserting before paragraph (2) the fol-
25 lowing:

1 “(1) [Reserved].”; and

2 (2) in paragraph (4)—

3 (A) in subparagraph (B), by inserting “,
4 including costs associated with the planning for
5 the allocation of funds and services under this
6 part” before the period at the end; and

7 (B) in subparagraph (C)—

8 (i) in clause (ii), by striking “and”
9 after the semicolon;

10 (ii) in clause (iii), by striking the pe-
11 riod at the end and inserting “; and”; and

12 (iii) by adding at the end the fol-
13 lowing:

14 “(iv) costs associated with the plan-
15 ning for the allocation of funds and serv-
16 ices under this part.”.

17 **SEC. 12. RAPID ROUTINE TESTING.**

18 (a) IN GENERAL.—Part D of title XXVI of the Pub-
19 lic Health Service Act (42 U.S.C. 300ff–71 et seq.), as
20 amended by sections 5 and 8, is further amended by add-
21 ing at the end the following:

22 **“SEC. 2679B. RAPID ROUTINE TESTING.**

23 “(a) IN GENERAL.—

24 “(1) IN GENERAL.—Except as provided in para-
25 graph (2), the Secretary shall require rapid routine

1 testing of each client at any health facility, provider,
2 clinic, or entity (including an HIV, STD, or sub-
3 stance abuse clinic) receiving funding from the Cen-
4 ters for Disease Control and Prevention, the Sub-
5 stance Abuse and Mental Health Services Adminis-
6 tration, the Health Resources and Services Adminis-
7 tration, the Centers for Medicare & Medicaid Serv-
8 ices, or any reproductive health program adminis-
9 tered by the Secretary.

10 “(2) EXCEPTION.—Rapid routine testing shall
11 not be required in the case of an individual who has
12 already been diagnosed with HIV infection.

13 “(b) PREGNANT WOMEN AND NEWBORNS.—The Sec-
14 retary shall require—

15 “(1) a health facility receiving Federal funds or
16 a Federal health program (including a program sup-
17 ported under this title) that is treating a pregnant
18 woman to offer to such woman routine testing; and

19 “(2) a health facility receiving Federal funds or
20 a Federal health program (including a program sup-
21 ported under this title) that is treating a newborn to
22 offer to the parents of such newborn rapid routine
23 testing of such newborn if such newborn’s mother’s
24 HIV status is unknown.

1 “(c) COUNSELING AND TREATMENT.—An entity or
2 program that conducts routine testing pursuant to this
3 section shall provide to each individual tested pursuant to
4 this section who tests positive for HIV antibodies, appro-
5 priate counseling and referral into treatment in a timely
6 manner.

7 “(d) TESTING.—The Director of the Centers for Dis-
8 ease Control and Prevention shall annually purchase and
9 distribute not less than 1,500,000 rapid HIV tests, includ-
10 ing tests that are oral based.

11 “(e) STATE OR LOCAL PROHIBITIONS.—Beginning
12 25 months after the date of enactment of this section, a
13 State or locality that prohibits or imposes significant ad-
14 ministrative, statutory, regulatory, or practical barriers to
15 routine testing as described in this section shall not be
16 eligible to receive funds under this title.”.

17 (b) CDC GUIDELINES FOR PREGNANT WOMEN.—
18 Section 2625 of the Public Health Service Act (42 U.S.C.
19 300ff–33) is amended—

20 (1) in subsection (a), by striking “voluntary”
21 and inserting “routine”; and

22 (2) in subsection (c)(1)(C), by striking “vol-
23 untary HIV testing for such disease” and inserting
24 “routine testing”.

1 **SEC. 13. ADAP RECOMMENDED FORMULARY AND REPORT**
2 **CARD.**

3 Section 2616 of the Public Health Service Act (42
4 U.S.C. 300ff–26) is amended by adding at the end the
5 following:

6 “(f) RECOMMENDATIONS FOR MINIMUM STANDARD
7 FORMULARY AND ANNUAL REPORT.—

8 “(1) IN GENERAL.—In carrying out this sec-
9 tion, the Secretary shall issue guidelines that provide
10 recommendations for therapeutics described in sub-
11 section (a) that shall, at a minimum, be included in
12 the formularies that are maintained by the States
13 for purposes of this section.

14 “(2) ANNUAL REPORTS.—Not later than May
15 31 of each year, the Secretary shall submit to Con-
16 gress a report that, with respect to the program
17 under this section, specifies the following:

18 “(A) For each State:

19 “(i) The number of patients who have
20 requested therapeutics described in sub-
21 section (a) from the program as carried
22 out in the State, but are on a waiting list
23 because such program does not have the
24 capacity to serve the patients.

25 “(ii) If patients on the waiting list are
26 receiving such therapeutics, the sources

1 from which the patients are obtaining the
2 therapeutics.

3 “(iii) The estimated cost to provide
4 the amount of therapeutics that would be
5 necessary to serve all patients on the wait-
6 ing list and thereby eliminate the wait in
7 the State.

8 “(iv) Each source of funds that, in
9 addition to funds appropriated to carry out
10 this part, is used by the State to provide
11 therapeutics under the program.

12 “(B) Each State whose formulary main-
13 tained for purposes of the program does not
14 meet the recommendations of the Secretary
15 under paragraph (1).

16 “(C) The actions being taken by States
17 with such waiting lists to reduce the number of
18 patients on the lists, including any restrictions
19 imposed by the States on the number or quan-
20 tity of therapeutics made available under the
21 program.

22 “(D) The amount of funds each State re-
23 ceives under this title and how such funds have
24 been allocated among each of the following cat-
25 egories:

1 “(i) Therapeutics.

2 “(ii) Primary medical care, including
3 medical evaluations and physician services.

4 “(iii) Support services, administrative
5 costs, and other expenses not included in
6 clause (i) or (ii).”.

7 **SEC. 14. STATE FLEXIBILITY IN PROVIDING HIV/AIDS CARE.**

8 (a) IN GENERAL.—Section 2612 of the Public Health
9 Service Act (42 U.S.C. 300ff–22), as amended by section
10 4, is further amended by adding at the end the following:

11 “(f) STATE FLEXIBILITY IN PROVIDING HIV/AIDS
12 CARE.—Upon approval by the Secretary, a State may use
13 amounts provided under a grant made under this part for
14 providing medical assistance to individuals who are eligible
15 for assistance under title XIX of the Social Security Act
16 (42 U.S.C. 1396 et seq.) and are HIV-positive.”.

17 (b) SUPPLEMENT, NOT SUPPLANT.—Part D of title
18 XXVI of the Public Health Service Act (42 U.S.C. 300ff–
19 71 et seq.), as amended by sections 5, 8, and 12, is further
20 amended by adding at the end the following:

21 **“SEC. 2679C. SUPPLEMENT, NOT SUPPLANT STATE MED-**
22 **ICAID FUNDING.**

23 “Funds received by a State under this title shall be
24 used to supplement, and not supplant, State funds that
25 would otherwise be used for the State share of expendi-

1 tures under a State plan under title XIX of the Social
2 Security Act (42 U.S.C. 1396 et seq.) for providing med-
3 ical assistance to individuals who are eligible for such as-
4 sistence and are HIV-positive.”.

5 **SEC. 15. PRICES PAID FOR THERAPEUTICS FOR ADAP.**

6 (a) IN GENERAL.—Section 2616 of the Public Health
7 Service Act (42 U.S.C. 300ff–26), as amended by section
8 13, is further amended by adding at the end the following:

9 “(g) PRICES PAID FOR THERAPEUTICS.—The Ad-
10 ministrator of the Health Resources and Services Admin-
11 istration shall routinely analyze and report to Congress
12 on the prices for therapeutics paid by programs estab-
13 lished under this section.”.

14 (b) COORDINATION OF ALL THERAPEUTIC PUR-
15 CHASES THROUGH ADAP.—Part D of title XXVI of the
16 Public Health Service Act (42 U.S.C. 300ff–71 et seq.),
17 as amended by sections 5, 8, 12, and 14, is further amend-
18 ed by adding at the end the following:

19 **“SEC. 2679D. COORDINATION OF ALL THERAPEUTIC PUR-**
20 **CHASES THROUGH ADAP.**

21 “In any purchases of therapeutics to treat HIV dis-
22 ease pursuant to a program that receives Federal assist-
23 ance under this title, an entity shall coordinate such pur-
24 chases through the program described in section 2616 in

1 order to ensure that the recipients of the therapeutics are
2 receiving the best possible price for the therapeutics.”.

3 **SEC. 16. AUTHORIZATION OF APPROPRIATIONS FOR ADAP.**

4 Section 2616 of the Public Health Service Act (42
5 U.S.C. 300ff–26), as amended by sections 13 and 15, is
6 further amended by adding at the end the following:

7 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated to carry out this sec-
9 tion—

10 “(1) \$800,000,000 for fiscal year 2006;

11 “(2) \$870,000,000 for fiscal year 2007;

12 “(3) \$940,000,000 for fiscal year 2008;

13 “(4) \$1,010,000,000 for fiscal year 2009; and

14 “(5) \$1,080,000,000 for fiscal year 2010.”.

15 **SEC. 17. SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE.**

16 Section 2691 of the Public Health Service Act (42
17 U.S.C. 300ff–101) is amended—

18 (1) in subsection (a), by striking “the greater
19 of \$20,000,000 or 3 percent of such amount appro-
20 priated under each such part, but not to exceed
21 \$25,000,000,” and inserting “not more than
22 \$15,000,000”; and

23 (2) by adding at the end the following:

24 “(h) PILOT PROGRAMS.—The Secretary, acting
25 through the Administrator of the Health Resources and

1 Services Administration, shall use funds available under
2 this section to conduct not less than 5 pilot programs to
3 evaluate various forms of partner notification programs,
4 including attitudes of source patients and those being noti-
5 fied towards such services and the cost effectiveness of
6 such programs.

7 “(i) STANDARD ELECTRONIC CLIENT INFORMATION
8 DATA SYSTEM.—The Secretary, acting through the Ad-
9 ministrator of the Health Resources and Services Admin-
10 istration, shall use funds available under this section to
11 develop a standard electronic client information data sys-
12 tem to improve coordination of coverage provided to pa-
13 tients under programs supported under this title, as well
14 as programs under the medicare program under title
15 XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)
16 and the medicaid program under title XIX of such Act
17 (42 U.S.C. 1396 et seq.).

18 “(j) STUDY.—The Secretary, acting through the Ad-
19 ministrator of the Health Resources and Services Admin-
20 istration, shall use funds available under this section to
21 conduct a study to develop recommendations for best pri-
22 mary medical care practices for disease management for
23 those living with HIV disease or AIDS.”.

1 **SEC. 18. HOUSING OPPORTUNITIES FOR PERSONS WITH**
2 **HIV/AIDS.**

3 (a) HOPWA FORMULA AMENDMENTS.—Section
4 854(c) of the AIDS Housing Opportunity Act (42 U.S.C.
5 12903(c)) is amended—

6 (1) in paragraph (1)—

7 (A) by striking “The Secretary” and in-
8 serting “Except as provided in subsection (h),
9 the Secretary”;

10 (B) by striking “cases of acquired im-
11 munodeficiency syndrome” each place that
12 terms appears and inserting “reported living
13 cases of HIV disease (as reported to, and con-
14 firmed as accurate, by the Director of the Cen-
15 ters for Disease Control and Prevention)”;

16 (C) in subparagraph (B), by striking “ac-
17 quired immunodeficiency syndrome” and insert-
18 ing “reported living cases of HIV disease (as
19 reported to, and confirmed as accurate, by the
20 Director of the Centers for Disease Control and
21 Prevention)”;

22 (D) in the undesignated matter following
23 subparagraph (B), in the second sentence, by
24 striking “reported to and confirmed by the Di-
25 rector of the Centers for Disease Control of the
26 Public Health Service”; and

1 (2) in paragraph (3), by striking “acquired im-
2 munodeficiency syndrome” each place that term ap-
3 pears and inserting “HIV disease”.

4 (b) TRANSITION FORMULA AND EXCEPTION TO THE
5 USE OF REPORTED HIV DATA.—Section 854 of the
6 AIDS Housing Opportunity Act (42 U.S.C. 12903) is
7 amended by adding at the end the following:

8 “(g) TRANSITION FORMULA.—In applying the for-
9 mula allocation under subsection (c)(1), the Secretary
10 shall—

11 “(1) for fiscal year 2007, allocate—

12 “(A) 75 percent of any amounts made
13 available for allocation, using the formula allo-
14 cation described in subsection (c), as in effect
15 on the day before the date of enactment of the
16 Ryan White CARE Act Amendments of 2006;
17 and

18 “(B) 25 percent of such amounts made
19 available for allocation, using the formula allo-
20 cation described in subsection (c), as amended
21 by the Ryan White CARE Act Amendments of
22 2006;

23 “(2) for fiscal year 2008, allocate—

24 “(A) 25 percent of any amounts made
25 available for allocation, using the formula allo-

1 cation described in subsection (c), as in effect
2 on the day before the date of enactment of the
3 Ryan White CARE Act Amendments of 2006;
4 and

5 “(B) 75 percent of such amounts made
6 available for allocation, using the formula allo-
7 cation described in subsection (c), as amended
8 by the Ryan White CARE Act Amendments of
9 2006; and

10 “(3) for fiscal year 2009, and each fiscal year
11 thereafter, allocate any amounts made available for
12 allocation using the formula allocation described in
13 subsection (c), as amended by the Ryan White
14 CARE Act Amendments of 2006.

15 “(h) EXCEPTION TO THE USE OF REPORTED HIV
16 DATA.—Any State or city—

17 “(1) that has enacted an HIV reporting system
18 that has been confirmed as accurate and reliable by
19 the Director of the Centers for Disease Control and
20 Prevention prior to October 1, 2000, shall for pur-
21 poses of allocating any amounts under subsection (c)
22 to that State or city, have such allocation deter-
23 mined by using the formula allocation described in
24 such subsection, as amended by the Ryan White
25 CARE Act Amendments of 2006;

1 “(2) that has enacted an HIV reporting system
2 that has been confirmed as accurate and reliable by
3 the Director of the Centers for Disease Control and
4 Prevention prior to October 1, 2006, but on or after
5 October 1, 2000, shall for purposes of allocating any
6 amounts under subsection (c) to that State or city,
7 have such allocation determined by using the for-
8 mula allocation based on the number of cases of
9 HIV disease (estimated by the Director of the Cen-
10 ters for Disease Control and Prevention) instead of
11 reported living cases of HIV disease (as reported to,
12 and confirmed as accurate, by the Director of the
13 Centers for Disease Control and Prevention); and

14 “(3) that does not have an HIV reporting sys-
15 tem that has been confirmed as accurate and reliable
16 by the Director of the Centers for Disease Control
17 and Prevention prior to October 1, 2006, shall for
18 purposes of allocating any amounts under subsection
19 (c) to that State or city—

20 “(A) until such time as such State or city
21 has enacted an HIV reporting system that has
22 been confirmed as accurate and reliable by the
23 Director of the Centers for Disease Control and
24 Prevention, have such allocation determined by
25 using the formula allocation described in such

1 subsection as in effect on the day before the
2 date of enactment of the Ryan White CARE
3 Act Amendments of 2006; and

4 “(B) once such State or city has enacted
5 an HIV reporting system that has been con-
6 firmed as accurate and reliable by the Director
7 of the Centers for Disease Control and Preven-
8 tion, have such allocation determined by using
9 the formula allocation based on the number of
10 cases of HIV disease (estimated by the Director
11 of the Centers for Disease Control and Preven-
12 tion) instead of reported living cases of HIV
13 disease (as reported to, and confirmed as accu-
14 rate, by the Director of the Centers for Disease
15 Control and Prevention).”.

16 (c) ALLOCATION REQUIREMENT.—Section 854 of the
17 AIDS Housing Opportunity Act (42 U.S.C. 12903) is
18 amended by adding at the end the following:

19 “(h) ALLOCATION REQUIREMENT.—The Secretary
20 shall ensure that not less than 75 percent of all amounts
21 allocated under this section are used for the provision,
22 construction, maintenance, or development of housing as-
23 sistance.”.

1 **SEC. 19. ENSURING STABILITY IN INFRASTRUCTURE.**

2 Section 2618(a)(2)(B)(i) of the Public Health Service
3 Act (42 U.S.C. 300ff–28(a)(2)(B)(i)), as redesignated by
4 section 6, is amended—

5 (1) by striking “2000” each place the term ap-
6 pears and inserting “2005”;

7 (2) in subclause (I), by striking “2001, 99 per-
8 cent” and inserting “2006, 95 percent”;

9 (3) in subclause (II), by striking “2002, 98 per-
10 cent” and inserting “2007, 90 percent”;

11 (4) in subclause (III), by striking “2003, 97
12 percent” and inserting “2008, 85 percent”;

13 (5) in subclause (IV), by striking “2004, 96
14 percent” and inserting “2009, 80 percent”; and

15 (6) in subclause (V), by striking “2005, 95 per-
16 cent” and inserting “2010, 75 percent”.

17 **SEC. 20. COORDINATION OF GRANTEES.**

18 Section 2675 of the Public Health Service Act (42
19 U.S.C. 300ff–75) is amended by adding at the end the
20 following:

21 “(f) COORDINATION OF GRANTEES REQUIREMENT.—

22 “(1) IN GENERAL.—The Secretary shall provide
23 State AIDS officials with the authority to request
24 and obtain all information necessary for States to
25 coordinate HIV care and treatment pursuant to this

1 title with other federally funded projects to maximize
2 efficiency and effectiveness of HIV/AIDS services.

3 “(2) COORDINATION OF SERVICES.—As a con-
4 dition of receipt of funds under this title, an entity
5 shall participate in a process established by the
6 State in which the entity is located to coordinate
7 HIV/AIDS services across the State.”.

8 **SEC. 21. TECHNICAL CORRECTIONS.**

9 Title XXVI of the Public Health Service Act (42
10 U.S.C. 300ff–11 et seq.) is amended—

11 (1) in section 2604—

12 (A) in subsection (b)(2)(A), by striking
13 “entities,” and inserting “entities,”; and

14 (B) in subsection (f)—

15 (i) by striking the subsection heading
16 and inserting the following: “ADMINISTRA-
17 TION”; and

18 (ii) in paragraph (1), by striking “ad-
19 ministration,” and inserting “administra-
20 tion.”;

21 (2) in section 2617(b)(6)(B)(iv), by inserting
22 “section” before “2615”;

23 (3) in section 2618(a)(3)(B), by striking
24 “means,” and inserting “means”;

- 1 (4) in section 2662(c)(3)(C)(ii), by striking
- 2 “HIV.” and inserting “HIV; and”; and
- 3 (5) in section 2692(b)(2), by striking “in sec-
- 4 tion the section” and inserting “in the section”.